North Simcoe Muskoka **LHIN**
RLISS de Simcoe Nord Muskoka

Annual Report 2012-2013

Transforming Health Care Across North Simcoe Muskoka

Healthy People
Excellent Care
One System

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

North Simcoe Muskoka
Local Health Integration Network
Annual Report 2012-2013
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Message from the Chair and Chief Executive Officer

Robert Morton
Chair

Jill Tettmann
Chief Executive Officer

On behalf of the LHIN Board and staff it is our pleasure to present highlights of activities that occurred in North Simcoe Muskoka during fiscal year 2012-2013.

On May 28th we held the 4th annual *Care Connections* forum at Rama Conference Centre. This year our panel discussion involved people who had experience in accessing the health system. We heard from them how we can do better - not the same, when it comes to providing health care in North Simcoe Muskoka. Jill and I firmly believe that *"Change has to be informed by persons with lived experience; it has to be informed by and led by people in the trenches."*

June and January saw the LHIN hosting community planning sessions in the five geographic regions of North Simcoe Muskoka: Barrie and Area; Collingwood/Wasaga Beach and Area; Midland-Penetanguishene and Area; Muskoka; and Orillia and Area. We asked those in attendance how we could build health system capacity in our five local geographic areas in order to sustain health care for our residents into the future. System governance was a key component of those engagements. Governors of our health service organizations are beginning to understand how system governance and organizational governance go hand in hand. We will be looking to those governors to continue leading change that will benefit the health system of North Simcoe Muskoka.

In August, the NSM LHIN said goodbye to CEO Bernie Blais, who left the LHIN after 3.5 years to take on the challenge of leading Bruyère Continuing Care in Ottawa. Bernie was instrumental in leading the North Simcoe Muskoka LHIN through the development and initial implementation of the integrated health system plan branded as *Care Connections – Partnering for Healthy Communities.*

Saying goodbye to a CEO can be difficult but, when you welcome someone that has been with the organization since its inception, it can make for an easy adjustment. That's what happened when in December the Board named Jill Tettmann as the third CEO for the NSM LHIN. Jill has been with the North Simcoe Muskoka Local Health Integration Network since January 2006, serving in a number of senior positions.

December brought with it a new approach to primary care planning and accountability. *Health Links* encourages greater collaboration between existing local health care providers, including family care providers, specialists, hospitals, long-term care, home care and other community supports. North Simcoe Muskoka was pleased to be awarded two of the nineteen early adopter Health Links by the Ministry of Health and Long-Term Care. *Barrie Community Health Link* and *South Georgian Bay Community Health Link* are forging ahead with collaborative planning for their local areas. The LHIN continues to work with stakeholders to develop business cases to support a *Health Link* in each geographic area of the LHIN.

February saw changes in how diabetes care would be managed throughout the province. Diabetes Regional Coordination Centres were disbanded and their functions transferred to the LHINs. This was solely an administrative change to diabetes management and had little or no impact on the provision of diabetes care in North Simcoe Muskoka.

In closing, the NSM LHIN and its Board of Directors would like to offer sincere thanks and gratitude to all of our health system partners who, with common purpose, have taken ownership and accountability for change and, through hard work, dedication, commitment and collaboration, have brought a bold vision to life. They have truly demonstrated the North Simcoe Muskoka values to *Be Real, Be Revolutionary, Be Courageous*.

Thank you to the LHIN Board and staff, our LHIN funded and non-funded health service providers and our communities for their ongoing commitment and support. We all have a role to play in the success of our health system; in pursuit of a common and collective vision...

Healthy People. Excellent Care. One System.

North Simcoe Muskoka LHIN Board of Directors

Robert Morton, Chair (2011-2014)

Committee Membership:
- Finance & Audit
- Governance
- Health Services

Anne Gagné, Vice-Chair (2007-2013)

Committee Membership:
- Finance & Audit
- Governance (C)

Rick Antaya, Director (2010- 2015)

Committee Membership:
- Governance
- Health Services

Jake Arnold, Director (2011-2013)

Committee Membership:
- Health Services

Peter Brown, Director (2010-2015)

Committee Membership:
- Governance
- Health Services

Don Mitchell, Director (2010-2015)

Committee Membership:
- Finance & Audit (C)

Peter Preager, Director (2011-2014)

Committee Membership:
- Finance & Audit
- Governance

Margaret Redmond, Director (2011-2013)

Committee Membership:
- Health Services (C)

Ron Stevens, Director (2011-2014)

Committee Membership:
- Finance & Audit

Introduction

Established in 2005, LHINs are mandated to manage the planning, integration, performance and funding of the health system across Ontario. While the LHIN does not directly provide health care services, we work in partnership with many agencies involved in the provision of care including health service providers, social and community care providers, municipalities and members of the public. As crown agencies of the Ministry of Health and Long-Term Care (MOHLTC), LHINs provide leadership and accountability for the health system at the local level, ensuring the health needs of people are being identified, coordinated and addressed in a truly integrated system. It is by design that LHINs strategically plan in such fashion as to align with ministerial and government priorities.

Together with our health service partners we establish priorities and plans for health services delivered in North Simcoe Muskoka. The LHIN also provides system leadership, spurs change and fosters collaboration among all health system partners, including health service and primary care providers and public health professionals.

Ontario's LHINs are responsible for the allocation of approximately half ($22 billion in 2011) of provincial health care expenditures. Together with the MOHLTC, they align local and regional plans with provincial priorities in order to both improve access to care and ensure long-term sustainability of the health system.

The North Simcoe Muskoka LHIN funds 77 health service providers which spans the entire health care continuum in North Simcoe Muskoka. In 2012/2013, we allocated approximately $817 million to the following local health system organizations and/or specific programs:

- 7 Hospitals
- 1 Community Care Access Centre (CCAC)
- 26 Long-Term Care Homes (LTC)
- 3 Community Health Centers (CHC)
- 31 Community Support Service Organizations (CSS, ABI & ALSSH)
- 9 Community Mental Health Agencies (MH & Addictions)

Between April 2003 and March 2012 health sector funding in the provincial budget increased at an average annual rate of 6.1%, for a total increase of $17.9 billion. With a need to curtail growing expenditures, if only to ensure the future sustainability of the health system, the government has indicated that funding for the health care system cannot continue to grow at past rates. If access to services and quality care are to be maintained and/or improved upon, such a position will necessitate better value for money from all parts of the health care system.

Aligned with ministry efforts, Ontario's LHINs are planning for changes to the health care system that enable delivery of the right care, in the right place and at the right time, promote value for the dollar and ensure resources are used in such a manner as to promote sustainability.

North Simcoe Muskoka LHIN Population Health Profile

In 2011, the NSM LHIN was home to 461,700 residents; 3.5% of Ontario's population. By the end of 2016, the population is projected to increase by 7.8% or just over 36,000 people, just shy of half a million people. Of further note, the NSM population is projected to rise by 35.6% to 630,000 in 2031.

In 2011, 15.9% of NSM seniors were 65 years of age and over; up from 14.7% in 2006. By 2016, NSM seniors will account for 18.3% of the population and 20.6% by 2021. Meanwhile, the number of seniors aged 65 and over is expected to more than double over the next 20 years, from 75,284 in 2011 to 164,257 or 26.2% of the population by 2031.

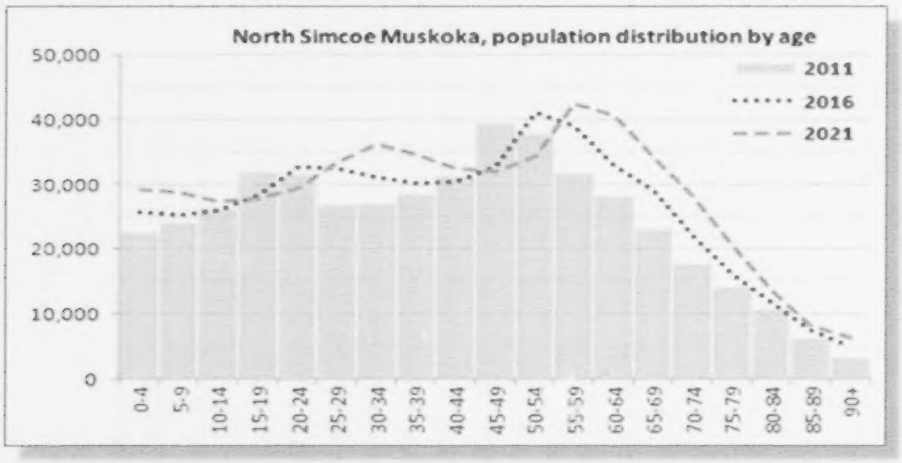

Table 1: NSM Population by Age

Within the NSM LHIN, ischemic heart disease, diabetes and lung, colon and colorectal cancers are the leading causes of death. The top ten leading causes of death account for 57% of deaths. Mortality rates for many health issues including influenza, pneumonia and diabetes, and rates of Potential Years of Lost Life (PYLL)
for many issues such as cirrhosis and other liver diseases, intentional self-harm and diabetes are among the highest in the province.

We know the population of NSM is both growing and aging quickly. There is also a clear picture related to causes of mortality and those areas where preventative medicine and primary care can play a leading role toward the provision of the right care, at the right time and in the right place. IHSP 2013 – 2016 takes into account the diversity and locations of the population in respect of what services to prioritize and where to deliver them.

The aforementioned information has been used to inform *Care Connections – Partnering for Healthy Communities*, the NSM LHIN's ten-year operational roadmap designed to bring about the vision of an integrated health system. Existing projects will be reviewed with an eye to validation, then completion. Building capacity within communities, to care for individuals as close to home as possible and ensure care is delivered in the appropriate location at the right time, will be top-of-mind. Specific attention will be given to the 1% of the population that utilizes 34% of health care resources.

SOCIO-DEMOGRAPHIC CHARACTERISTICS, NORTH SIMCOE MUSKOKA (NSM) LHIN			
	NSM LHIN	Ontario	Comments
Population, 2011 (MinFin)*	461,737	13,372,996	
% population aged 65+	15.9%	14.2%	3rd highest LHIN
% population aged 75+	7.2%	6.6%	
Population growth, past 5 years (2006-2011) (MinFin)	5.4%	5.6%	
Projected population, 2016	497,914	14,195,099	
Projected population, 2021	538,829	15,067,531	
% growth forecasted, 2011-2016	7.8%	6.2%	
% growth forecasted, 2011-2021	16.6%	12.7%	
% living in a rural area (2011) (Census)	32.0%	14.1%	3rd highest LHIN
% living in a large urban centre (2011) (Census)	37.9%	69.3%	
English Mother Tongue	89.7%	69.8%	2nd highest LHIN
French Mother Tongue	2.9%	4.4%	
No knowledge of English or French	0.2%	2.2%	Lowest LHIN
Immigrants	11.3%	28.3%	
Recent immigrants (2001-2006)	0.8%	4.8%	
Visible minorities	3.6%	22.8%	
Aboriginal Identity	3.3%	2.0%	3rd highest LHIN
Labour force participation rate (aged 15+)	67.2%	67.1%	
Unemployment rate, 2011 (aged 15+)	8.8%	7.8%	
Without certificate/degree/diploma (aged 25-64)	15.4%	13.5%	
Completed post-secondary education (aged 25-64)	56.1%	61.4%	
Living in low-income	9.6%	14.7%	Lowest LHIN
** (MinFin) Ministry of Finance estimates and projections*			

Table 2: NSM Socio Demographic Characteristics

Alignment – Provincial Priorities, LHIN System Imperatives, Vision

Ontario's Action Plan for Health Care is focused on three main priorities:

- Keep Ontario Healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

Provincial LHINs' system imperatives and North Simcoe Muskoka's vision, *Healthy People. Excellent Care. One System.*, align with these three priorities, guiding decisions regarding the allocation of resources to providers and the programs and projects that need to be funded locally. The NSM LHIN continues to work in partnership with ministries, health service providers and residents to ensure a sustainable health system, one that delivers high quality, person-centred health care, is in place for current and future generations.

As outlined in Table 3, three province-wide LHIN System Imperatives easily coordinate with the Ontario Action Plan for Health Care's three priorities, providing local guidance for the provincial vision. LHINs must be sure to protect the many advances they have made in improving wait times, value for money, transparency and accountability. As a result, a fourth LHIN system imperative Holding the Gains, will help Ontario's LHINs make sound choices about local projects by ensuring that achievements made to date are not lost as new priorities are identified and implemented.

Ontario Action Plan for Health Care	Fourteen LHINs System Imperatives	NSM LHIN	
Keep Ontario Healthy - Support to Become Healthier	Leading with quality and safety	*Healthy People* *Excellent Care* *One System*	Holding the Gains
Faster Access and a Stronger Link to Family Health Care	Strengthening and enhancing access to primary care		
Right Care, Right Time, Right Place	Enhancing coordination and transitions of care for targeted populations		

Table 3: Alignment of Priorities, Imperatives, Vision

Vision – North Simcoe Muskoka Local Health System

NSM's System Transformation Model works from the inside out, migrating toward a vision of *Healthy People. Excellent Care. One System.* It is the foundation upon which *Care Connections – Partnering for Healthy Communities* has been designed and identifies the common vision North Simcoe Muskoka's health system partners are committed to achieving.

...not actively seeking support from the health system
...needing active support to maintain their health
...requiring support from the health system for a period of time
PEOPLE
...living with a lifelong illness or disability
...needing immediate assistance from the health system
...coping with complex health needs

+

=

Healthy People

At the centre - the heart - of North Simcoe Muskoka's health system are its PEOPLE; almost 462,000 people to be more precise. Represented by six overlapping circles, the health needs of our population – social, occupational, spiritual, physical, intellectual emotional, environmental, financial and mental wellness - are diverse and forever changing as they move through life and stages of health.

Excellent Care

Safe, quality person-centred care will provide the right care at the right time and in the right place. It will be achieved through *Care Connections*, which organizes health services into six clinical areas (blue – Complex and Chronic Health Needs; In-Home & Community Capacity; Maternal, Newborn, Child & Youth Health; Mental Health & Addictions; Medicine; and Surgery), in turn supported by six key enablers (orange – Communications & Community Engagement; eHealth; Governance; Integrated Health Human Resources; System Navigation; and Transportation) that help to fundamentally support the activities of each clinical area.

One System

Through *Care Connections*, health system partners and residents across North Simcoe Muskoka have come together committed to optimizing the use of our collective resources to promote a healthy and supportive environment, to take care of people when they are ill and to help them maintain better health through all stages of life.

Regardless of their level or length of engagement with the health system, our goal is to ensure that North Simcoe Muskoka residents live healthy active lifestyles by making informed and safe choices that promote wellness of mind, body and spirit in order to be free of injury, pain or illness.

Mission – Together Achieving Better Health, Better Care, Better Value

Care Connections - Partnering for Healthy Communities is the ten-year operational roadmap designed to bring about the vision of an integrated health system across the NSM LHIN. Working within its framework, health system partners and communities across the region are committed to the development and implementation of effective, collaborative strategies, designed to improve service delivery and contribute to the needs and well-being of those we serve.

In the NSM LHIN, it is recognized that transformation of the health system is the shared responsibility of many partners across the continuum of care including residents, people with lived experiences, their families and health care professionals. Through *Care Connections*, everyone takes ownership of their health system.

Care Connections makes a bold prediction: by working together, we can make the local health system work better. This means coordinating services, managing information and ensuring people move effortlessly from one level of appropriate care to the next in a timely fashion. It requires transforming an "old system" into a "new system": an old system that fostered duplication, waste and inefficiencies, to a new system that is sensible, sustainable, and coordinated effectively to meet the health needs of its residents.

Collaboration with health system partners, to share accountability and take collective ownership for health system transformation, has already led to:

Healthy People	= Better Health	|	improved health of the population: quality person-centred care meeting local needs.
Excellent Care	= Better Care	|	better experiences for the individual: accessible, well-coordinated and sustainable care.
One System	= Better Value	|	efficient operation/sustainability: local health care dollars being spent wisely and appropriately.

Integrated Health Service Plan 2010 - 2013

Building upon the findings from our first Integrated Health Service Plan, the North Simcoe Muskoka LHIN's second three-year plan became effective on April 1, 2010 and identified the following three strategic directions:

1. Improve access to appropriate care, beginning with the emergency room and alternate level of care setting in the community or home;
2. Improve chronic disease management beginning with access to integrated diabetes care; and,
3. Create an integrated design for the future health system in NSM LHIN (*Care Connections – Partnering for Healthy Communities*).

Improve Access to Care

Improve access to appropriate care, beginning with the emergency department and alternate level of care setting in the community or home.

The North Simcoe Muskoka LHIN provides a large number of services designed to improve Emergency Department (ED) wait-times and reduce the number and percent of Alternate Level of Care (ALC) patient days. These LHIN funded services are delivered through hospitals, the Community Care Access Centre (CCAC), long-term care homes and community support agencies.

There are currently six EDs in the North Simcoe Muskoka LHIN – Collingwood General & Marine Hospital (CGMH), Georgian Bay General Hospital (GBGH), Muskoka Algonquin Healthcare (MAHC) – Huntsville and Bracebridge sites, Orillia Soldiers' Memorial Hospital (OSMH), and Royal Victoria Regional Health Centre (RVH).

Alternate Level of Care days are captured and monitored weekly across all North Simcoe Muskoka hospitals, including Waypoint Centre for Mental Health Care.

Emergency Department / Alternate Level of Care

For the past two years, the ED/ALC strategy has been aligned with the *Care Connections, Partnering for Healthy Communities* system approach to health service delivery. Leadership at a system level has been matched by leadership at the provider level to move the ER/ALC strategy forward.

In the spirit of inclusiveness, all acute care hospitals in North Simcoe Muskoka are now fully engaged in strategies to improve ED performance through the Pay-for-Results (P4R) Program. Leadership in North Simcoe Muskoka Emergency Departments recognizes the value of community partnerships and unified, strategic initiatives as essential components in making substantial performance improvement. To this end, participating P4R hospitals have allocated funds to the development of key initiatives designed to engage and leverage the excellent work undertaken by their healthcare service delivery partners in the community service sector. As well LHIN-wide initiatives, intended to address common goals and strategies, have been fully endorsed by all NSM LHIN hospitals. Targeted ED-based medical directives, protocols and best practices review are just some of the excellent, forward-thinking initiatives presented by NSM hospitals and fully endorsed by the LHIN.

Hospitals, the Community Care Access Centre and community support service providers have demonstrated increasing collaboration in addressing the region's ALC issue. Together, they have reviewed cases, improved decision making processes and developed new approaches to streamline transitions of care and safely reduce overall length of stay of admitted patients. The LHIN facilitated discussions between providers and across sectors, setting strategic directions and providing funding targeted at building in-home and community capacity.

The following are the most significant challenges facing the NSM system related to ER/ALC:

- ***Large population of Older Ontarians.*** In 2011, the North Simcoe Muskoka LHIN had the fifth largest proportion of seniors aged 65 + in the province. The Ministry of Finance projects the proportion of persons aged 75 + to almost double by 2036, representing more than 14% of the total population.
- ***Diverse geography and population distribution.*** The population distribution within the broad geographic area of North Simcoe Muskoka impacts the provision of service delivery. For example, seniors, the highest user of health care resources, often reside in rural settings. With growing retirement communities in Collingwood, Wasaga Beach, Midland, Penetanguishene and Muskoka, the challenges in delivering health care services in rural settings will increase.
- ***Chronic disease risk factors and incidence of chronic disease.*** The North Simcoe Muskoka LHIIN worked with our health service providers to address the prevention, self-management, readiness for home services and monitoring of chronic diseases. The key to success in managing chronic diseases and providing the care our residents need is accessibility.

- ***System capacity***. ALC is a symptom of underlying system issues and gaps in system capacity. Examples of existing gaps include a limited immediate response infrastructure (i.e. urgent care centres), poor supportive housing stock, transportation system limitations and gaps in specialized services (i.e. specialized geriatric services, mental health and palliative care). Through the ER/ALC Strategy and innovative programming, the LHIN is addressing some of these gaps and ongoing planning and resource investment are required.

Emergency Department / Alternate Level of Care – Performance Highlights

- The profile of visitors to Emergency Departments in NSM changed in 2012-13. Persons visiting EDs across the region presented with higher acuity than in the previous year. Consequently, the volume high acuity visits in the region increased from the previous year by 3.35%, greater than the provincial average.
- By March 2013, nine out of ten patients in emergency departments waited 3.8 hours less than the previous year (2.1 hours less than provincial average) for an inpatient bed.
- During 2012-13, nine out of ten visitors to NSM Hospitals waited less than the provincial targets for Admitted, Non-Admitted High Acuity and Non-Admitted Low Acuity.
- Patients continue to be satisfied with the care they are receiving in the ED. In 2012-13 Q1, (the most recent patient satisfaction information available), the percentage of patients with an overall positive satisfaction rating for NSM Emergency Departments was recorded at a favourable 85.5%, above the baseline of 83% and the provincial average of 84.2%.
- At the beginning of 2012-13, 9 out of 10 Alternate Level of Care (ALC) cases (90th percentile) had a length of stay of less than 38 days. During 2011-12, the 90th percentile length of stay increased to 56 days in the 3rd quarter but decreased again in Q4 to 49 days.
- Average ALC length of stay increased by 8 days (17 days in the first quarter of 2012-13 to 25 days by the end of 2012-13).
- NSM LHIN saw a significant surge of 25% in its total ALC days in 2012-13 from 48,803 days in 2011-12 to 60,894 days in 2012-13.

Emergency Department Diversion

The LHIN has supported Emergency Department diversion by providing funding to initiatives like the Palliative Care Resource Team, the Integrated Regional Falls Program and Algonquin Grace, a five bed residential hospice in Huntsville. Two new Community Health Centres were opened along with three Nurse-Practitioner-led clinics. Two Nurse-Led Outreach Teams (NLOT) are now fully established serving the Barrie and Orillia regions. Through these programs nurse practitioners are linked with frail seniors in long-term care for the on-site management of issues that historically have resulted in an ED transfer.

In 2012-13 the Palliative Care Resource Team was expanded to provide 24/7 support for area health service providers. The Behavioural Support System program became operational and is now providing support to individuals in long-term care homes presenting with behavior issues. In April 2012 the Seniors Assessment & Support Outreach Team (SASOT) at Muskoka Algonquin Healthcare accepted their first referrals. This interdisciplinary outreach team serves complex seniors in the community in collaboration with area primary care providers. Through a consultative model this team saw a decrease in Emergency Department visits year over year by 3.55%, a decrease in inpatient admissions by 4.5% and a decrease in inpatient days by 229 days over the first three quarters of the year.

Building Capacity and Improving Performance within the Emergency Department

Fiscal 2012-13 marks the fifth year of Pay-for-Results (P4R) and the first year that NSM LHIN embraced a system-wide approach to improving performance and increasing capacity in our Emergency Departments. NSM LHIN allocated approximately 14% of its total P4R funds in Year 5 for system-specific initiatives, designed to directly improve ED performance and build capacity. With over $5.6 Million dollars available to six local hospitals (including a previously undesignated P4R hospital), a total of 7 renewed and 37 new initiatives were approved by the NSM LHIN and submitted within the 2012-13 Year 5 Action Plan. NSM LHIN is confident that a comprehensive approach to performance improvement (including all NSM hospitals with active Emergency Departments) will yield sustainable, positive results for the residents of North Simcoe Muskoka.

Some efforts undertaken in NSM LHIN hospitals to reduce ED length of stay for admitted patients in the last year included: value stream mapping to examine the process for admitting patients, supply-demand matching and enhanced portering initiatives at Royal Victoria Regional Health Centre and continued process improvement projects at Muskoka Algonquin Healthcare.

In 2012-13 improved performance was addressed in NSM LHIN hospitals through the following initiatives: the addition of ED Patient Navigators (Royal Victoria Regional Health Centre and Orillia Soldiers' Memorial Hospital); the targeting of ED system improvement through an ED Performance Coach; and value stream mapping designed to reduce throughput time.

Improved Bed Utilization

Recognizing ALC is a symptom of underlying systemic issues, numerous strategies in 2012-13 targeted root cause. NSM LHIN 2012-13 strategic investments focused specifically on increasing community capacity, implementing both the Home First philosophy and integrated Regional Seniors' Health Program model of care.

In alignment with the recommendations in the *Living Longer, Living Well* report released January 2013 by Dr. Samir Sinha, the LHIN increased targeted areas of community capacity. In 2012-13 the convalescent care bed stock expanded by 106% increasing from 15 to 31 beds with another 10 beds to be opened April 2013. Assisted living programming was expanded in Barrie and LaFontaine. Additional funding was provided to the CCAC to support increased Personal Support Worker hours in the community.

Funding was provided to the Senior Friendly Hospital Strategy Committee to establish and support volunteer programming in area hospitals to reduce functional decline in hospitalized seniors. This program should lead to a reduction in the number of individuals designated ALC and a reduction in ALC length of stay.

The CCAC provided leadership on several fronts. In collaboration with area partners they completed a review of all ALC patients with a length of stay over forty days. This review led to various system recommendations. CCAC conducted a Lean Six Sigma project to reduce the length of time from referral to determination of eligibility for long-term care from ten to three days. Most recently, the CCAC is providing leadership in a Home First refresh project specifically targeting the Collingwood and Barrie hospitals. In partnership with the LHIN, hospitals, community support service agencies, physicians and other key stakeholders the group is leveraging provincial best practices to promote a different approach to hospital discharge planning. To complement this work, earlier in the year a messaging campaign was completed to increase public awareness about discharge options and the benefits of discharge home. The posters and booklets associated with this campaign were rolled-out across area hospitals and in many areas of the community.

A unique approach to care and capacity was led by Royal Victoria Regional Health Centre (RVH) and IOOF Seniors Home Inc. in Barrie. RVH provided operating funds to open twenty-six beds in the long-term care facility. Opened as interim beds to address RVH's ALC pressures, these beds will be converted to convalescent and potentially specialized beds in the future to better meet the needs of area residents.

Despite the attention to addressing the ALC issue in 2012-13, our ALC crisis persists. In 2013-14 the focus on ALC will be elevated to higher levels of the system to promote active and broad leadership engagement.

Improve Chronic Disease Management

Improve chronic disease management beginning with access to integrated diabetes care.

As a support to our Integrated Health Service Plan 2010-13, the Ontario Diabetes Strategy (ODS) and the health of North Simcoe Muskoka residents living with diabetes, the NSM LHIN focused on achieving Better Health, Better Care, Better Value through integrated and collaborative partnerships which would:

1. Enhance the delivery of diabetes care in North Simcoe Muskoka; and
2. Enhance the management and quality of diabetes care in the North Simcoe Muskoka.

Chronic Disease Prevention and Management (CDPM) was identified as a key area of focus as part of the 10-year *Care Connections: Partnering for Healthy Communities* integrated health system design. While the initial focus is on diabetes self-management and care, the LHIN and our partners are committed to the advancement of a LHIN-wide model for chronic disease prevention and management, aligning with LHIN and provincial initiatives.

Key Milestones

In February 2013, Diabetes Regional Coordination Centres (DRCCs) and Diabetes Education Programs (DEPs) mandates transferred from the Ministry of Health and Long-Term Care to the 14 provincial LHINs. NSM LHIN worked closely with the NSM DRCC to ensure a smooth transition with minimal impact on patient care.

As a result of this administrative change, the structure and focus of the Chronic Disease Prevention and Management (CDPM) committee has changed. The committee will be moving forward in 2013-2014 with a new vision for early identification and screening of risk factors associated with chronic disease including diabetes.

In an effort to ensure residents of North Simcoe Muskoka have easier access or increased resources for chronic disease, the following initiatives were implemented:

- NSM Diabetes Regional Coordination Centre partnered with NSMhealthline to ensure all CDPM providers and their contact information were included as part of the NSMhealthline online database, accessible through the NSMhealthline website.
- Collaborative groups were established in four of the five North Simcoe Muskoka geographic regions that did not have a regular body for networking, problem solving and sharing of best practices. The fifth region, Barrie, had already established a collaborative group.
- Development and implementation of an Adult Diabetes Central Referral form to increase access to a Diabetes Education Program (DEP). This form is being used for residents to access diabetes care locally or to assist those who are relocating outside of North Simcoe Muskoka, access care in their new communities. This referral has also addressed gaps in the system where there was no referral system in place.

The NSM LHIN supports the vision of the ministry to use the experience and lessons learned from the Diabetes Regional Coordination Centre to expand to a broader chronic disease model within the LHIN. With the rise of an aging population that will consume an increasing portion of health care resources it makes sense that a broader chronic disease model be used.

Create an Integrated Health System Design

Create an integrated design for the future health system in NSM LHIN – Care Connections – Partnering for Healthy Communities

Care Connections – Partnering for Healthy Communities is built around one simple but important premise, that local health care is best designed, implemented and evaluated by those that utilize, deliver and access its programs and services. From this perspective, residents across North Simcoe Muskoka and health system partners alike share a common belief in both the importance of the health care system and its responsiveness to the needs of people in their local communities; that together, with everyone taking responsibility for their role in the health care system, a truly integrated system can be achieved.

The structure supporting *Care Connections* is a shared leadership and responsibility model that fosters effective collaboration and, ultimately, accountability for improved outcomes from all of NSM's partners. In collaboration with our health system partners and local communities, the NSM LHIN continues to be actively involved, engaged and participating in planning, implementing and making decisions for the future sustainability of the local health system.

To achieve the vision and sustain an integrated health system in North Simcoe Muskoka, the health system resources will begin to shift and along with that will be the expectation for the accountability to change. The lead organizations have demonstrated a commitment to change and provider boards have signed accountability agreements and passed board motions to implement and share accountability for the results of these areas of focus. The lead organizations are working together as a system and are accountable for the deliverables within their specific area of focus.

Key Milestones

In Home and Community Capacity

- Convalescent care capacity was increased and a network of providers established. Four beds were added in Collingwood to complement the existing stock of 15 beds at Woods Park in Barrie. Twelve beds were opened at Leisureworld Muskoka in Gravenhurst and another ten will be opening at IOOF Home for the Aged in Barrie.
- Assisted living providers came together in 2012-13 to build assisted living capacity and roll-out the 2012 Assisted Living Policy for High Risk Seniors. This included working with the NSM CCAC to implement their expanded role. An assisted living program was funded in Barrie that provided an opportunity for implementation and testing of the new processes developed prior to system-wide roll-out.
- The Senior Friendly Hospital Steering Committee worked together to implement LHIN-wide programming to reduce functional decline in hospitalized seniors.
- Leadership for the In Home and Community Capacity Council transitioned from Orillia Soldiers' Memorial Hospital to a shared leadership model between the NSM CCAC and Independent Living Services of Simcoe County. With co-chairs representing the CCAC and the CSS Collaborative, a more collaborative community-driven approach to planning is emerging and the trust between community partners is increasing.

North Simcoe Muskoka
Care Connections
Partnering for Healthy Communities

Simcoe Nord Muskoka
Connexions des soins
Partenariat pour des communautés en santé

Implementation Structure Years 1- 3

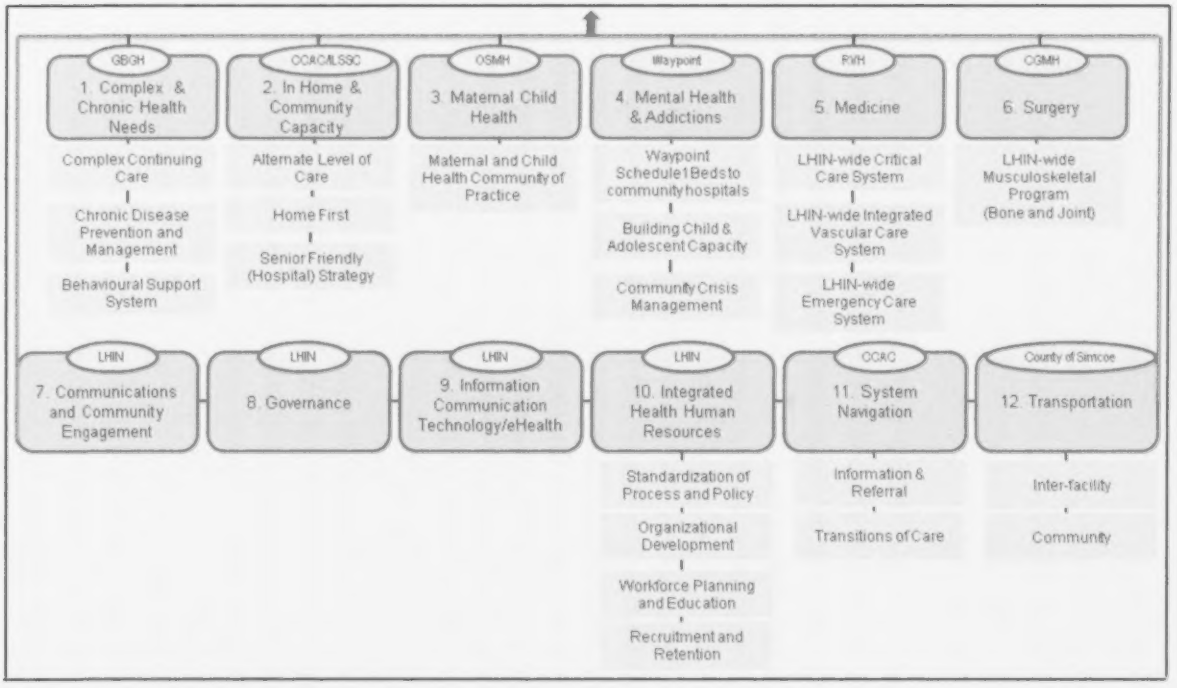

Figure 1: *Care Connections* Coordinating Councils and Steering Committees

Mental Health and Addictions (MHA)

- Royal Victoria Regional Health Centre, Barrie was approved by the MHA Council to develop an interim bed strategy for four Child and Adolescent MHA beds to open in 2013-14
- Crisis Intervention Training with local police detachments in Orillia, Collingwood, and Muskoka was completed with approximately 45 officers trained
- Approximately 35 allied health and nine physicians attended a conference which focused on better ways to work with individuals with substance use. Substantial portions of the day were focused on working with Aboriginal peoples and Cognitive Behavioural Theory.

Maternal, Newborn, Child and Youth Health

- The Council supported the adoption of Better Outcomes Registry and Network (BORN) Indicators
- Standardization of practice and order sets is being reviewed across the NSM health system
- The highly successful Complex Chronic Children's Navigation Program funding was extended for an additional year.

Surgery

- All LHINs were required to develop and submit integrated orthopaedics proposals to the ministry for approval in early January 2013.
- The orthopaedics proposal will be reviewed by all NSM hospital boards in early 2013-14. In order to enhance access and system efficiency, orthopaedics will become a LHIN-wide program in which three NSM hospitals (Collingwood General & Marine, Orillia Soldiers' Memorial and Royal Victoria Regional Health Centre) will take the surgical lead. The NSM CCAC will continue to provide rehab and patient supports.

Medicine

- Once the LHIN-wide Integrated Stroke/Rehab proposal is completed, a LHIN-wide voluntary integration for stroke services will be presented to the LHIN board.
- The Vascular System Coordinator has focused work on Acute Coronary Syndrome, recognizing that there are common inter-related causes and prevalence of vascular disease which require a coordinated approach to care.
- The ED System Coordinator will focus on five medical directives including sepsis. Sepsis is a severe blood infection that can lead to organ failure and /or death and is one of five medical directives being implemented with North Simcoe Muskoka Emergency Departments.

System Navigation

- The Council met with the NSM Aboriginal Health Circle to explore opportunities and strategies on engaging the Aboriginal community in discussions that identify their health system navigation needs
    - As a first step, the Health Equity Impact Assessment Tool was completed which focused on Aboriginal and francophone populations' specific needs for mental health resources and service information
- *nsmhealthline.ca* – the information and referral website continues to grow and develop in functionality. The value of this strategy and the functionality of the site is being recognized and seen through the numerous requests we are receiving to utilize its functionality for various projects. The Council agreed that *nsmhealthline.ca* would be used by LHIN funded agencies to post their organizations' vacant positions.
    - A costing model and proposal for the development of mini sites within *nsmhealthline.ca* was pulled together. The eHealth Council will be reviewing this proposal to ensure alignment with NSM information technology strategies.
    - Preliminary discussions occurred with the Chronic Disease Self Management program around opportunities to leverage *nsmhealthline.ca* for their information.
- *310/211* – the call management strategy for information and referral continues to evolve and develop to align with the Council's information and referral strategy. Opportunities to leverage provincial 211 activities are also being considered for future discussion.
- *Connex Data* – discussions are underway provincially to look at the sharing of the Mental Health Information Database data with both 211 and *healthline.ca*. NSM has positioned itself to be an early adopter of any provincial recommendations.

Transportation

Inter-facility (non-urgent) Transportation

- A standardized information pamphlet detailing an inventory of non-urgent transportation providers was developed. The pamphlet provides guidelines for individuals on how to access transportation and associated costs that may be incurred.
- A standardized clinical decision tree was developed for non-urgent transfers between hospitals and long-term care homes. Following feedback from health service providers, a pilot will be conducted at Georgian Bay General Hospital and the long-term care homes in that area.

Community Transportation Committee

- A business proposal to increase Ontario Telemedicine Network (OTN) sites at all long-term care homes throughout North Simcoe Muskoka has been developed for review and consideration by the Care Connections Operations Committee
- A transportation map was developed that identifies an inventory of transportation services, health care organizations and communication technologies for North Simcoe Muskoka
- Two of three phases of a transportation survey was completed, which saw transportation, health and social services providers identify current resources and possible future needs.

Integration

North Simcoe Muskoka LHIN continues to focus on integration as a key driver for health system transformation. We have brought all sectors together through our LHIN Leadership Council to create health care solutions for the LHIN as well as for our local communities. *Care Connections*, our largest facilitated integration, has mobilized all sectors to work together and is on the cusp of implementing a LHIN-wide transformation of our NSM health care system.

In 2012-2013 one voluntary integration was implemented through the Local Health System Integration Act (LHSIA) legislation. Alzheimer Society of Greater Simcoe County, Barrie and Alzheimer Society of North East Simcoe County, Orillia agreed to voluntarily integrate as a means of creating a more efficient and effective service for clients.

Bringing the two organizations together allowed for a reduction in senior administrative staff with a greater investment in education and client support programs for Simcoe County. The integration will reduce duplication and enhance service delivery.

eHealth – Information Technology

In 2012-13 an enhancement to the orthopaedic patient tracking system project was completed. The orthopaedic patient registry was initiated to meet the needs of the orthopaedic group to enhance tracking, referrals and data collection regionally. The need for cross-hospital visibility of beds and other resources such as equipment and specialists was identified by the *Care Connections* Surgical Council.

The Hospital Report Manager (HRM) initiative continued to provide benefits to physicians and clients. HRM is an automated download for hospital reports (such as medical records, diagnostic imaging, cardio respiratory, lab, pathology, microbiology, blood bank) to Electronic Medical Records (EMR) at Family Health Team (FHT) offices. Royal Victoria Regional Health Centre, Georgian Bay General Hospital and Collingwood General and Marine Hospital and their associated Family Health Teams continued to utilize Hospital Report Manager. Muskoka Algonquin Healthcare and Orillia Soldiers' Memorial Hospital are scheduled to go live with HRM between January and March 2014. This project has been an overwhelming success.

- ***Improved Delivery Time***
  Prior to implementation, delivery of paper reports from hospitals to their associated Family Health Team for input into electronic medical records took up to 12 days. Post implementation now results in reports being electronically transmitted directly to the FHT within 30 minutes of completion.
- ***Productivity Improvement***
  Physicians now spend 2 hours per day scanning, filing and inputting their reports into EMRs compared to 4.5 hours prior to implementation.
- ***Hospital Cost Savings***
  Printing, paper and ink budgets for hospital Health Records departments, is expected to be reduced by 50%.

The five acute care NSM hospital organizations – Collingwood General & Marine, Georgian Bay General, Muskoka Algonquin Healthcare, Orillia Soldiers' Memorial and Royal Victoria Regional Health Centre all went live as part of the GTA West - Diagnostic Imaging Repository project. The GTA West – DIR Project comprises picture archiving and communications systems (PACS) and DI (Diagnostic Imaging) repositories which are secure computer systems that contain patient radiology reports and images such as hospital-based CT scans, ultrasounds, MRIs, mammograms and x-rays. The implementation of these systems has eliminated the need for film and paper diagnostic images

e-Prescribing continues to provide benefits to physicians, pharmacists and clients in the Collingwood area. e-Prescribing involves collaboration between the Georgian Bay Family Health Team, all local pharmacies, the NSM LHIN, eHealth Ontario, OntarioMD and the electronic medical record vendor. The e-Prescribing project has been utilized by eHealth Ontario to develop "lessons learned" in support of the Medication Management Strategy and implementation of the Drug Information System of Ontario in 2013.

The provincial Integrated Assessment Record (IAR) deployed by Community Care Information Management (CCIM) was a major focus in 2012-13. As part of this initiative NSM LHIN completed the interRAI- Community Health Assessment (CHA).implementation .The interRAI CHA helps identify adults needing supports to prevent or stabilize early functional or health decline. The goal of this project was to equip care providers with common assessment tools that would manage and measure improvements in client outcomes over time and to provide standards, processes and tools to collect financial and statistical data for evidence based planning purposes.

Behavioural Supports Ontario

Over the past year Behavioural Supports Ontario (BSO) has been a project of transitions. It was born of a simple but profound concept: by coming together, in collaborative fashion, we could invent a better system of care for a population in need. In 2012–2013 it moved through development into full scale implementation and operationalization, and eventually transitioned to sustainability.

As of March 31, 2013 a total of 582 full time equivalent positions had been recruited province-wide. As a result, the positive impact of BSO has already been felt in direct client contacts made across Ontario, giving clear proof that the project's emphasis on delivering person-centred, high quality care is firmly entrenched.

LHINs and strategic partners will continue to move BSO forward by breaking down barriers, encouraging collaborative work and seeking out and partnering with new and emerging stakeholders; providing consistent, person-centred, high quality care through expansion across multiple sectors; and, continuing to align and leverage with new and existing initiatives including bestPATH, Health Links, Ontario's Seniors Care Strategy and the Long-Term Care Task Force on Resident Care and Safety.

Quality Improvement

Quality Improvement is a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — healthcare professionals, patients and their families, researchers, funders, planners and educators — to make better and sustained improvements.

Through the Behavioural Supports Ontario initiative, the NSM LHIN has established a strong partnership with Health Quality Ontario, building capacity locally for quality improvement. This relationship will continue to be a key enabling partnership that will assist in the implementation of the new Health Links as well as the *Care Connections* 10 year strategic plan. Health Quality Ontario has the expertise, access to best practices, metric information and the ability to be a key contributing partner moving forward. An enhanced focus on quality improvement activities within the LHIN will begin to roll out in spring 2013, beginning with Health Links.

Engaging the Community

In 2012-2013, the activities of the North Simcoe Muskoka LHIN continued to be supported by the commitment, knowledge and passion of hundreds of local individuals participating on our councils and steering committees, networks and project teams. Our annual *Care Connections* Forum - *Together...we are the heart of health care* - was held May 30 2012 and saw 320 individuals engaged in 14 interactive sessions. Each was organized and facilitated by partner organizations and included:

- Understanding and treating metabolic syndrome
- I'm not sick – thank you Public Health
- Community as a place of healing
- Navigating you to care
- Enhanced clinical communications skills
- We made a questionnaire – now what? (Diabetes)
- Governing in an integrated health system
- Acting up or acting out – behavior has meaning
- NSM stroke experience
- Transforming primary care through innovative people
- Preventing functional decline in hospitalized seniors
- Living a healthy life with chronic conditions

The day began with a panel discussion comprised of people with lived experience – individuals that have interacted with the health care system repeatedly and have a keen desire to help improve the system for other users. The underlying theme for the hour-long discussion was how we can "Do Better – Not the Same!" Both formal and informal caregivers and partners from across our region were invited to attend and participate in the day's events and discussions. To assist informal caregivers in attending, the Victorian Order of Nurses hosted an Adult Day Program.

In addition to all the regular forum activities, the LHIN was pleased to formally launch www.nsmhealthline.ca – a public information and referral website created by the North Simcoe Muskoka Community Care Access Centre in partnership with Community Connection 211.

Engagement events were held throughout the year with partners in health care including local organizations, physicians, municipal and regional representatives, clients and residents. Regional community stakeholder meetings were held in June 2012 and January 2013 to determine ways to build capacity and resiliency in the North Simcoe Muskoka LHIN's five distinct geographic regions.

At the same time, we are partnering for Quality Improvement by running Value Stream Mapping events focusing on key initiatives such as the Behavioural Support System, to firmly establish and begin the work needed to close gaps in care and improve client experiences.

NSM LHIN staff members were invited to speak at several provincial conferences regarding our innovative Care Connections initiative as well as our work and experience in integration, seniors' health and health equity.

Aboriginal and Francophone Engagement

The North Simcoe Muskoka LHIN Leadership Council provided strategic advice on the development of the integrated health system design. Council members are representative of the entire health system, including service providers funded by the LHIN and non-LHIN funded health related partners such as physicians, public health and municipalities. The Aboriginal and francophone communities are represented on the Council.

Aboriginal Engagement

The NSM LHIN renewed its Project Funding Agreement with the Aboriginal Health Circle, which is hosted by the Barrie and Area Native Advisory Circle. The objective of the Circle is to provide expertise on North Simcoe Muskoka's Aboriginal population, current assessment, future development areas and partnership opportunities to meet the deliverables of the LHIN's strategic priorities.

In May 2012 the NSM LHIN, in partnership with the NSM Aboriginal Health Circle, hosted the second annual Provincial Aboriginal Planning meeting for LHIN CEOs and Aboriginal Leads at Enaahtig Healing Lodge and Learning Centre. A key discussion item was the review of a compiled inventory of provincial Aboriginal health services prepared by all 14 LHINs, developed to facilitate planning purposes and identify common areas for Aboriginal health planning, community engagement and integration provincially.

An Aboriginal Health Symposium was held on March 27, 2013 which brought together members of the North Simcoe Muskoka Aboriginal community. This year's theme was "Strengthening and Protecting Our Sacred Ways". Topics of discussion included: What are traditional healing practices? How do you know if someone is a traditional healer or Elder? How do we strengthen and retain traditional knowledge? How do we ensure and support the integrity of traditional healing practices? The symposium was attended by many Aboriginal elders, whose opinions are highly regarded and valued throughout North Simcoe Muskoka.

The establishment of an Aboriginal Health Link is being pursued. The readiness assessment phase is being completed by the Aboriginal Health Circle and will be based on a 'dispersed population' model. The Barrie Area Native Advisory Circle has endorsed this project and will co-sponsor the establishment of this Health Link.

Francophone Engagement

For North Simcoe Muskoka, the planning and implementation of French language health services is part of the initiatives being undertaken by the twelve *Care Connections* areas of focus.

In 2012-2013 North Simcoe Muskoka acted as the lead LHIN for the provincial LHIN French Language Health Services Coordinators Network. The Network was established to help ensure a coordinated approach to planning, implementation and integration of French language health services across the province.

In North Simcoe Muskoka, Entité 4 plays a notable role in addressing the needs of the francophone community. By advising the LHIN on how best to overcome existing barriers and improve access and accessibility to French language services, Entité 4 and North Simcoe Muskoka LHIN continue to build on and improve the deliverables outlined in the Joint LHIN-Entité Action Plan.

Francophone engagement for North Simcoe Muskoka continues to be coordinated by Entité 4 which has a specific mandate for engaging the local francophone community. A first community engagement session was held at La Clé d'la Baie in Penetanguishene and a second engagement was held at the Villageois Retirement Home in Lafontaine.

Table 4: Performance Indicators for 2012-13

Performance Indicator	NSM 2012-13 Starting Point	NSM 2012-13 Performance Target	Most Recent Quarter 2012-13 NSM Performance	NSM 2012-13 Annual Result
EMERGENCY ROOM / ALTERNATE LEVEL OF CARE				
1. Percentage of Alternate Level of Care (ALC) Days - By LHIN or Institution*	19.21%	15.40%	25.48%	21.09%
2. 90th Percentile ER Length of Stay for Admitted Patients	24.77	23.00	26.97	26.50
3. 90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS 1-3) Patients	6.55	6.80	6.32	6.22
4. 90th Percentile ER Length of Stay for Non-Admitted Minor Non-Complicated (CTAS 4-5) Patients	3.90	4.00	3.83	3.70
SURGICAL WAIT TIMES				
5. 90th Percentile Wait Times for Cancer Surgery	62	55	64	55
6. 90th Percentile Wait Times for Cardiac By-Pass Procedures	Not applicable for North Simcoe Muskoka			
7. 90th Percentile Wait Times for Cataract Surgery	157	155	142	161
8. 90th Percentile Wait Times for Hip Replacement	146	182	141	128
9. 90th Percentile Wait Times for Knee Replacement	138	182	218	185
DIAGNOSTIC WAIT TIMES				
10. 90th Percentile Wait Times for Diagnostic MRI Scan	113	85	31	92
11. 90th Percentile Wait Times for Diagnostic CT Scan	28	28	28	26
EXCELLENT CARE FOR ALL / QUALITY				
12. Readmission within 30 Days for Selected Case Management Groups**	15.06%	14.20%	18.62%	17.00%
MENTAL HEALTH AND SUBSTANCE ABUSE				
13. Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions**	14.03%	13.30%	13.96%	14.79%
14. Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions**	16.86%	14.00%	16.10%	19.30%
ACCESS TO COMMUNITY CARE				
15. 90th Percentile Wait Time for CCAC In-Home Services – Application from Community Setting to first CCAC Services (excluding case management)	64	60	115	89

Source: Ministry of Health and Long-Term Care

* 2012-13 is based on the most recent 4 quarters of data (Q4 2011-12 – Q3 2012-13) due to availability

** 2012-13 is based on the most recent 4 quarters of data (Q3 2011-12 to Q2 2012-13) due to availability

Ministry-LHIN Performance Agreement

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) and the Ministry of Health and Long-Term Care (MOHLTC) negotiated and signed a performance agreement which defines the obligations and responsibilities of both the LHIN and the ministry for 2012-2013. The Ministry/LHIN Performance Agreement (MLPA) includes a number of schedules which outline expectations of the LHIN regarding Community Engagement; Planning and Integration; Local Health System Management; Financial Management; Local Health System Performance and Reporting. The MLPA is mirrored in the Accountability Agreements that LHINs have now negotiated with all health service providers.

Performance Indicators for 2012-13 – Notes

1. **Percentage of Alternate Level of Care (ALC) Days**
   NSM LHIN continues to struggle in decreasing its overall percentage of ALC days. The annual performance of 21.1% in 2012-13 was 2 percentage points higher than the 19.2% starting point at the end of 2011-12. NSM LHIN is still ranked 13th overall in the province and continues to be well above the LHIN target of 15.4%. While there have been multiple initiatives to assist in the discharge of ALC patients to more appropriate settings, the closing of Interim Long-Term Care beds and Complex Continuing Care beds in NSM LHIN has maintained pressures associated with these patients.

2. **90th Percentile ER Length of Stay for Admitted Patients**
   Although the 90th percentile ER length of stay (LOS) for admitted patients at year end was greater than at the start of 2011-12 (with an annual LOS of 24.77 hours), the NSM LHIN ranked 2nd best in the province overall in this metric. The annual result is above the LHIN target of 23 hours but remains below the provincial target of 25 hours and more than 6.3 hours less than the provincial average of 31.1 hours prior to admission. NSM LHIN's decline in performance is largely attributable to infection control issues at two hospitals during Q3. Efforts undertaken in NSM LHIN hospitals to reduce ER LOS for admitted patients over the past year include the addition of Patient Navigators and Resource Nurses on in-patient units (and the ER) to improve patient flow and reduce avoidable admissions.

3. **90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS 1-3) Patients**
   The overall 90th percentile ER length of stay (LOS) for non-admitted complex patients at year end increased by 4 minutes from the start of the year with 6.22 hours, remaining below the LHIN baseline of 6.8 hours and the provincial average of 7.15 hours. Ranked best overall in the province at year end, the 90th percentile LOS has improved overall in the LHIN by 6 minutes from third quarter performance. When compared to the provincial average, complex patients in NSM LHIN now leave the Emergency Departments of their hospitals generally 56 minutes sooner than the provincial average. Of particular concern however is the significant trend of declining performance in this metric. Additional efforts will need to be made to address patient flow in fiscal 2013-14. Improved performance is being addressed in NSM LHIN hospitals through the following initiatives: the addition of ED Patient Navigators (RVH and OSMH) the targeting of ED system improvement through an ED Performance Coach value stream mapping designed to reduce throughput time.

4. **90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS 4-5) Patients**

The 90th percentile ER length of stay (LOS) for non-admitted minor uncomplicated patients increased by 13 minutes at year end as compared to the start of the fiscal year but improved by 8 minutes from Q3 performance (from 3.83 to 3.70 hours), still below the provincial target of 4.0 hours. Now ranked 4th best in the province, this decline in performance is attributable largely to increased volumes experienced at all NSM LHIN hospitals in December. Overall, NSM LHIN remains below the provincial average of 4.15 hours, representing a positive 27 minute variance in ER LOS for minor uncomplicated patients. Of particular concern however is the significant increasing trend of LOS identified over the course of fiscal 12-13, which will continue to be monitored by LHIN staff.

5. **90th Percentile Wait Times for Cancer Surgery**
   Wait times for cancer surgery in the NSM LHIN decreased from 62 days in 2011-12 to 55 days in 2012-13, meeting the LHIN target of 55 days. Oncology services are provided at five NSM hospitals, the majority of which are performed at Royal Victoria Regional Health Centre (RVH). To meet the increasing demands of the population, RVH has been expanding its facilities and services. The wait times increased from 49 days in Q3 2012-13 to 64 days in Q4 2012-13. It is expected that the pressure on wait times will continue to grow as the demand for cancer surgeries continues in 2013-14.

6. **90th Percentile Wait Times for Cardiac Bypass Surgery**
   Cardiac bypass surgery is not performed in the North Simcoe Muskoka LHIN hospitals.

7. **90th Percentile Wait Times for Cataract Surgery**
   Wait times for cataract surgery in NSM LHIN were at 161 days for 2012-13, slightly above the target of 155 days. In 2012-13, cataract surgeries were classified as Quality Based procedures under the Health System Funding Reform (HSFR) with new definitions, methodology and funding rates. As a result of these changes, NSM hospitals received substantially smaller volume allocations than in previous years. Wait times increased over the quarters to 181 days in Q3. The LHIN provided some additional funding in Q4 to help the hospitals manage their wait list resulting in Q4 wait times decreasing to 142 days.

8. **90th Percentile Wait Times for Hip Replacement**
   In 2012-13 North Simcoe Muskoka LHIN wait times for hip replacement surgery were 128 days and 185 days for knee replacement surgery, below the target of 182 days for hip surgery and close to the target of 182 days for knee surgery. The improvement in wait times is associated with the on-going dialogue happening in the NSM LHIN under the *Care Connections* Surgery Coordinating Council which has brought together hospitals and orthopaedic surgeons, community partners and the Bone and Joint Health Network of Ontario.

9. **90% Percentile Wait Times for Knee Replacement**
   Same as #8.

10. **90th Percentile Wait Times for Diagnostic MRI**
    Wait times for MRI exams in NSM LHIN decreased from 113 days in 2011-12 to 92 days in 2012-13. The annual result did not meet the annual target of 85 days, due primarily to the higher wait times in earlier quarters. The NSM LHIN's performance has improved from having the second highest wait times for MRI exams in the province in

Q1 and Q2 (117 days and 135 days respectively) to being the second best performer in Q4 with wait times of 31 days. This improvement is attributable to the coming into operation of a second MRI at Royal Victoria Regional Health Centre (RVH) and to the additional funding being flowed to the two MRI sites in Q3 and Q4.

11. 90th Percentile Wait Times for Diagnostic CT Scan

The wait time for CT scans in NSM LHIN continues to stay within target at 26 days in 2012-13. All the hospitals have performed well in ensuring the wait time for CT scans remain within the target times.

12. Readmission within 30 Days for Selected Case Management Groups

The readmission rate within 30 days for selected Case Management Groups (CMGs) in NSM LHIN increased from 15.1% in 2011-12 to 17.0% in 2012-13. This rate remains higher than the target of 14.2%. In Q2 2012-13, NSN LHIN was ranked 13th,that is the second worst performer among the LHINs although close to provincial average of 16.8%.Both the LHIN and the hospitals are working with the NSM Integrated Vascular Steering Committee to better understand the hospital readmissions that are occurring.

13. Repeat Unplanned ER Visits within 30 Days for Mental Health Conditions

The rate of repeat unscheduled emergency visits within 30 days for mental health conditions in the NSM LHIN increased slightly from14.0% in 2011-12 to 14.8% in 2012-13. Although this rate is above the target of 13.3%, the LHIN performance improved from about 15.0% in previous quarters to 14.0% in Q2 of 2012-13, the best performance in the province. The provincial average for this indicator was 19.3%.

The rate of repeat unscheduled emergency visits within 30 days for substance abuse conditions in the NSM LHIN increased from 16.9% in 2011-12 to 19.3% in 2012-13. This rate is well above the target of 14.0%.In Q2 2012-13, the rate of repeat visits decreased from 23.1% to 16.1%, the best performance in the province. The provincial average was at 27.6%.

Mental Health and Addiction (MHA) is one of the lead areas of focus in the NSM LHIN *Care Connections* initiative (10-year integrated health system plan). The MHA agenda is being discussed through a regionally coordinated approach under the leadership of the Mental Health and Addictions Coordinating Council. The MHA Coordinating Council, led by the CEO of Waypoint Centre for Mental Health Care, is overseeing three distinct initiatives namely, the transfer of Waypoint Schedule 1 acute adult mental health beds to community hospitals, building child and adolescent capacity and community crisis management.

14. Repeat Unplanned ER Visits within 30 Days for Substance Abuse Conditions

Same as #13.

15. 90th Percentile Wait time from Community for CCAC In-Home Services – Application from Community Setting to First CCAC Services

In North Simcoe Muskoka LHIN for 2012-13, the 90th percentile wait time from community for CCAC in-home services was 89 days – nearly a month longer than the Ministry-LHIN Performance Agreement (MLPA) target of 60 days and approximately 25 days greater than that reported in fiscal 2011-12. Since this indicator relates only to

those clients who had received this service rather than those on the waiting list, increases often demonstrate that individuals have received services after waiting a long time for them rather than indicating that individual are waiting longer for service. Further, changes in the status of clients from requiring low-intensity personal

services (which have long waiting lists) to higher-intensity nursing services (which require more urgent treatment) can also result in a higher priority to receive services; the result is, again, more individuals with long wait times having received services.

In 2012-13, the increased times appear to be related primarily to increased access to occupational therapy (OT) services for patients. This increased access has helped to reduce the number of patients waiting for Occupational Therapy by more than half compared to the previous fiscal year (325 waiting as at the end of March, 2012 compared to 158 waiting as at the end of March, 2013). However, the number of patients waiting for personal support services continues to rise.

North Simcoe Muskoka LHIN Operations

The North Simcoe Muskoka LHIN managed an allocation of $6,899,653 in fiscal year 2012-13. The allocation is comprised of the LHIN's base operational budget of $4,248,377 and special initiative funding of $2,651,276.

The LHIN received special initiative funding to support provincial priorities as follows:

- Aboriginal Planning
- Behavioural Supports Ontario, Coordination and Reporting Office
- Critical Care LHIN Lead
- Diabetes Regional Coordination Centre work plan assumption
- Emergency Department LHIN Lead
- Emergency Room / Alternate Level of Care Performance Lead
- e-Health Project Management Office
- Entite #4, planification des services de santé en français
- French Language Health Services
- Primary Care LHIN Lead

The Auditors' Report with audited financial statements and accompanying notes follow.

Financial statements of

North Simcoe Muskoka Local Health Integration Network

March 31, 2013

North Simcoe Muskoka Local Health Integration Network

March 31, 2013

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Independent Auditor's Report

To the Members of the Board of Directors of the
North Simcoe Muskoka Local Health Integration Network

We have audited the accompanying financial statements of the North Simcoe Muskoka Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2013, and the statements of financial activities, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North Simcoe Muskoka LHIN as at March 31, 2013, and the results of its financial activities, change in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 27, 2013

North Simcoe Muskoka Local Health Integration Network

Statement of financial position
as at March 31, 2013

	2013	2012
	$	$
Financial assets		
Cash	**872,550**	1,290,161
Due from Ministry of Health and Long-Term Care ("MOHLTC") regarding Health Service Provider ("HSP") transfer payments	**810,741**	264,800
HST receivable	**146,384**	135,703
Due from LHIN Shared Services Office (Note 4)	**32,613**	7,500
	1,862,288	1,698,164
Liabilities		
Accounts payable and accrued liabilities	**986,308**	1,079,374
Due to MOHLTC Ontario (Note 3b)	**70,389**	344,942
Due to HSPs	**810,741**	264,800
Deferred revenue	**16,991**	24,022
Deferred capital contributions (Note 5)	**302,903**	182,551
	2,187,332	1,895,689
Net debt	**(325,044)**	(197,525)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**22,141**	14,974
Tangible capital assets (Note 7)	**302,903**	182,551
	325,044	197,525
Accumulated surplus	-	-

Approved by the Board

_____ Chair

_____ Vice Chair

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of financial activities
year ended March 31, 2013

	Budget (Note 8)	2013 Actual	2012 Actual
	$	$	$
Revenue			
MOHLTC Ontario funding			
HSP transfer payments (Note 9)	771,957,854	816,854,624	782,876,927
Operations of LHIN	4,140,655	4,142,654	4,301,188
LHIN Operations Special Funding (Note 3a)	2,125,064	2,542,061	2,908,814
Amortization of deferred capital contributions (Note 5)	50,000	96,722	76,807
	778,273,573	823,636,061	790,163,736
Funding repayable to the MOHLTC Ontario (Note 3a)	-	(140,649)	(344,942)
	778,273,573	823,495,412	789,818,794
Expenses			
Transfer payments to HSPs (Note 9)	771,957,854	816,854,624	782,876,927
General operating expenses (Note 10)	4,190,655	4,233,741	4,376,785
LHIN Operations Special Funded Initiatives (Note 3a,10)	2,125,064	2,407,047	2,565,082
	778,273,573	823,495,412	789,818,794
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of change in net debt
year ended March 31, 2013

	Budget (Note 8)	2013 Actual	2012 Actual
	$	$	$
Annual surplus	-	-	-
Acquisition of tangible capital assets	-	(217,074)	(68,966)
Amortization of tangible capital assets	50,000	96,722	76,807
Change in other non-financial assets	-	(7,167)	(14,974)
Increase in net debt	50,000	(127,519)	(7,133)
Net debt, beginning of year	(197,525)	(197,525)	(190,392)
Net debt, end of year	(147,525)	(325,044)	(197,525)

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of cash flows
year ended March 31, 2013

	2013	2012
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	96,722	76,807
Amortization of deferred capital contributions (Note 5)	(96,722)	(76,807)
	-	-
Changes in non-cash operating items		
Increase in prepaid expenses	(7,167)	(14,974)
(Increase) decrease in due from MOHLTC ("HSP's")	(545,941)	2,611,706
Increase in due from LHIN Shared Services Office	(25,113)	(7,500)
Increase in HST receivable	(10,681)	(37,562)
(Decrease) increase in accounts payable and accrued liabilities	(93,066)	434,266
(Decrease) increase in due to the MOHLTC Ontario	(274,553)	276,560
Increase (decrease) in due to HSPs	545,941	(2,611,706)
Decrease in due to the LHIN Shared Services Office and LHIN Collaborative Office	-	(36,779)
Decrease in deferred revenue	(7,031)	(7,031)
	(417,611)	606,980
Capital investment		
Acquisition of tangible capital assets	(217,074)	(68,966)
Financing transactions		
Capital contributions received (Note 5)	217,074	68,966
Net (decrease) increase in cash	(417,611)	606,980
Cash, beginning of year	1,290,161	683,181
Cash, end of year	872,550	1,290,161

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Notes to the financial statements
March 31, 2013

1. Description of business

The North Simcoe Muskoka Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North Simcoe Muskoka Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the municipalities of Muskoka, most of Simcoe County and part of Grey County. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2013.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets, and losses in the value of assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund tangible capital asset purchases, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment and development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office furniture and equipment	5 years straight-line method

For assets acquired or bought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Segmented disclosures

Management has determined that existing disclosures in the Statement of Financial Activities and within the related notes for both the prior and current year sufficiently disclose information of all appropriate segments and, therefore, no additional disclosure is required.

2. Significant accounting policies (continued)

Adoption of new accounting standards

As at April 1, 2012, the LHIN adopted Public Sector Accounting Handbook *Section PS 1201, "Financial Statement Presentation"*, Section PS 2601 *"Foreign Currency Translation"*, PS 3410 *"Government Transfers"* and Section PS 3450, *"Financial Instruments"*. There was no impact of the adoption of these new standards on the financial statements.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

			2013	2012
	Funding received	Eligible expenses	Excess funding	Excess funding
	$	$	$	$
General LHIN operations	4,142,654	4,137,019	5,635	1,210
LHIN special funded initiatives				
Aboriginal Planning	30,000	30,000	-	-
Behavioural Supports Ontario, Coordination and Reporting Office	752,200	709,297	42,903	80,782
Behavioural Supports Ontario, Service Redesign	-	-	-	166,273
Critical Care Lead	75,000	72,948	2,052	1,305
Enabling Technologies	550,279	540,781	9,498	23,852
Emergency Department LHIN Lead	75,000	46,318	28,682	-
Entite de planification des services de sante en francais #4 Centre Sud-Ouest	654,062	602,551	51,511	67,831
Emergency Room/Alternative Level of Care Performance Lead	100,000	100,000	-	-
Diabetes Regional Coordination Fund	124,520	124,520	-	-
French Language Health Services	106,000	106,000	-	3,689
Primary Care LHIN Lead	75,000	74,632	368	-
Total LHIN special funded initiatives	2,542,061	2,407,047	135,014	343,732
	6,684,715	6,544,066	140,649	344,942

3. **Funding repayable to the MOHLTC (continued)**

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2013	2012
	$	$
Due to MOHLTC, beginning of year	**344,942**	68,382
Funding repaid to MOHLTC during the current year	**(415,202)**	(68,382)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**140,649**	344,942
Due to MOHLTC, end of year	**70,389**	344,942

4. **Related party transactions**

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

LHIN Collaborative (LHINC) was formed in fiscal 2010 as a LHIN-led service to strengthen relationships between and among health service providers. LHINC is accountable to the LHINs, and funded by the LHINs with support from the Ministry of Health and Long-Term Care.

5. **Deferred capital contributions**

	2013	2012
	$	$
Balance, beginning of year	**182,551**	190,392
Capital contributions received during the year	**217,074**	68,966
Amortization for the year	**(96,722)**	(76,807)
Balance, end of year	**302,903**	182,551

6. **Commitments**

The LHIN has commitments under various operating leases expiring at dates up to 2016 related to building and equipment. Lease renewals are likely. Minimum lease payments due over the remaining terms of these leases are as follows:

	$
2014	205,527
2015	205,527
2016	85,636

6. **Commitments (continued)**

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2013.

	$
2014	143,422,683

The actual amounts which will ultimately be paid are contingent upon LHIN funding received by the MOHLTC.

7. **Tangible capital assets**

	Cost	Accumulated amortization	2013 Net book value	2012 Net book value
	$	$	$	$
Office furniture and equipment	672,466	436,621	235,845	119,703
Computer equipment	151,240	151,240	-	5,825
Leasehold improvements	1,002,027	934,969	67,058	57,023
	1,825,733	1,522,830	302,903	182,551

8. **Budget figures**

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget at April 1, 2012. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $816,854,624 is made up of the following:

	$
Initial budget	771,957,854
Adjustment due to announcements made during the year	44,896,770
	816,854,624

8. **Budget figures (continued)**

The total revised operating budget of $6,614,415 is made up of the following:

	$
Initial operating budget as reported on the statement of financial activities	6,265,719
Adjust for funding changes made during the year:	
Enabling Technologies	70,000
Adjustments to Operational budget	10,957
Behavioural Support Services	252,200
Diabetes Regional Coordination Centre Funding	274,272
In-year recoveries by the MOHLTC	(70,260)
Amount utilized for Capital Asset purchases	(188,473)
Revised operating budget	6,614,415

9. **Transfer payments to HSPs**

The LHIN has authorization to allocate funding of $816,854,624 (2012 - $782,876,927) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2012 as follows:

	2013	2012
	$	$
Operation of hospitals	436,888,472	410,003,430
Grants to compensate for municipal taxation - public hospitals	77,625	77,625
Long term care homes	129,901,118	127,716,175
Community care access centres	86,700,423	82,889,476
Community support services	13,192,051	12,737,994
Assisted living services in supportive housing	6,364,053	6,073,700
Community health centres	9,359,831	8,979,736
Community mental health	23,585,845	23,293,380
Addictions program	4,640,537	4,084,914
Specialty psychiatric hospitals	104,960,017	105,859,683
Grants to compensate for municipal taxation - psychiatric hospitals	23,400	23,400
Acquired brain injury	1,161,252	1,137,414
	816,854,624	782,876,927

10. General operating expenses

The Statement of Financial Activities presents the expenses by function, the following classifies general operating expenses, by object:

	2013	2012
	$	$
Salaries and benefits	2,890,905	2,792,133
Occupancy	167,404	127,826
Amortization	96,722	76,807
Shared services	440,710	464,493
Advertising and public relations	11,141	3,007
Consulting services	88,184	99,200
Other services	170,703	495,112
Supplies, equipment and licences	43,697	82,494
Board Chair Per Diems	51,705	55,825
Other Board Per Diems	63,950	55,325
Board Expenses	37,061	32,376
Travel	63,373	41,077
Mail, courier and telecommunications	108,186	51,110
	4,233,741	4,376,785

The Statement of Financial Activities presents the expenses by function, the following classifies LHIN Operations special funded initiatives, by object:

	2013	2012
	$	$
Salaries and benefits	946,292	1,076,200
Occupancy	65,580	38,234
Shared services	92,508	37,502
Advertising and public relations	35,648	45,476
Consulting services	143,812	292,934
Other services	225,401	169,408
Supplies, equipment and licences	46,799	92,650
Medical Professional Services	193,898	167,445
Travel	17,042	35,883
Mail, courier and telecommunications	37,516	23,117
Special project expenditures	602,551	586,233
	2,407,047	2,565,082

10. General operating expenses (continued)

The LHIN received funding of $274,272 related to the assumption of work plan deliverables for diabetes and chronic disease management planning effective February 1, 2013. Expenses incurred are:

	$
Salaries and benefits	13,791
Operating expenses	64,656
One-time expenses	195,825
	274,272

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 26 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2013 was $239,374 (2012 - $269,099) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as of December 31, 2012. At that time, the plan was fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.